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## BIB DATA SHEET

CONFIRMATION NO. 3427

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/990,909	11/16/2001	435	1645	25324-0021001	
<b>RULE</b>					
<b>APPLICANTS</b> Joan M. Fallon, Yonkers, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/249,239 11/16/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/06/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GINNY ALLEN PORTNER/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> FISH & RICHARDSON P.C. (TC) PO BOX 1022 MINNEAPOLIS, MN 55440-1022 UNITED STATES					
<b>TITLE</b> Methods for diagnosing pervasive development disorders, dysautonomia and other neurological conditions					
<b>FILING FEE RECEIVED</b> 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		